

10/589789

IAP6 Rec'd PCT/PTO 16 AUG 2006

Application Data Sheet**Application Information**

Application number:	
Filing Date:	
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	LIQUIFIED GAS CRYOSTAT
Attorney Docket Number:	ASTB-0055
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	2
Total Drawing Sheets:	1
Small Entity?:	No
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	GREAT BRITAIN
Status:	Full Capacity
Given Name:	HUGH
Middle Name:	CHARLES
Family Name:	SETON
Name Suffix:	
City of Residence:	ABERDEEN
State or Province of Residence:	
Country of Residence:	GREAT BRITAIN
Street of mailing address:	22 RICHMOND COURT
City of mailing address:	ABERDEEN
State or Province of mailing address:	
Country of mailing address:	GREAT BRITAIN
Postal or Zip Code of mailing address:	AB25 2WE

Applicant Authority Type:	Inventor
Primary Citizenship Country:	GREAT BRITAIN
Status:	Full Capacity
Given Name:	JAMES
Middle Name:	MACDONALD STRACHAN
Family Name:	HUTCHISON
Name Suffix:	
City of Residence:	ABERDEEN
State or Province of Residence:	
Country of Residence:	GREAT BRITAIN
Street of mailing address:	29 LAWSONDALE DRIVE, WESTVILLE
City of mailing address:	ABERDEEN
State or Province of mailing address:	
Country of mailing address:	GREAT BRITAIN
Postal or Zip Code of mailing address:	AB32 6TU

Applicant Authority Type:	Inventor
Primary Citizenship Country:	GREAT BRITAIN
Status:	Full Capacity
Given Name:	DAVID
Middle Name:	MALCOLM
Family Name:	BUSSELL
Name Suffix:	
City of Residence:	BATH
State or Province of Residence:	
Country of Residence:	GREAT BRITAIN
Street of mailing address:	10 PARK AVENUE
City of mailing address:	BATH
State or Province of mailing address:	
Country of mailing address:	GREAT BRITAIN
Postal or Zip Code of mailing address:	BA2 4QD

Correspondence Information

Correspondence Customer No.:	23377
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

Representative Information

Representative Customer No.:	23377
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
GB	0403377.5	16 FEBRUARY 2004	Yes

Assignee Information

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	